

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819653

FILED
Apr 21, 2011
Secretary of State

Entity Name: ACE LIFE INSURANCE COMPANY

Current Principal Place of Business:

TWO STAMFORD PLAZA, 281 TRESSER BLVD.
SUITE 500
STAMFORD, CT 069013264 US

New Principal Place of Business:

Current Mailing Address:

436 WALNUT SREET
PHILADELPHIA, PA 19106 US

New Mailing Address:

FEI Number: 22-1771521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: LINDNER, ARI
Address: 1133 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: PCA
Name: MANGINI, LEONARD C
Address: TWO STAMFORD PLAZA, 281 TRESSER BLVD. #500
City-St-Zip: STAMFORD, CT 06901 US

Title: VSGC
Name: SCOTT, JACK R
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: CFO
Name: BELLANCA, JOSEPH P
Address: 30 WOODBOURNE AVENUE
City-St-Zip: HAMILTON, BM HM08

Title: AT
Name: BUCKLEY, JOHN M
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: AV
Name: SASLOW, ANDREW D
Address: TWO STAMFORD PLAZA, 281 TRESSER BLVD, #500
City-St-Zip: STAMFORD, CT 06901 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK R. SCOTT

VSGC

04/21/2011

Electronic Signature of Signing Officer or Director

Date